

PART B - FEE(S) TRANSMITTAL

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08/20/2010

BAYER HEALTHCARE LLC
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Deposited on _____

(Date)

(Name)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/576,408	01/05/2007	Patrick Bosche	BHC 031062	2342

TITLE OF INVENTION: PHARMACEUTICAL FORMULATIONS CONTAINING FLAVOURING SUBSTANCES WITH IMPROVED PHARMACEUTICAL PROPERTIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/22/2010
EXAMINER		CLASS-SUBCLASS				
HOLT, ANDRAE M	1636	424-65000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

Change of correspondence address for Change of Correspondence Address form (PTO/SB/122) attached.

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(1) the names of up to 3 registered patent attorneys or agents OR

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. _____

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

Bayer Animal Health GmbH

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): individual Corporation or other private group entity Government

4a. The following fees are submitted:

4b. Payment of Fee(s). (Please first reapply my previously paid issue fee shown above)

Issue Fee

A check is enclosed.

Publication Fee (No small entity discount permitted)

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies *5*

The Director is hereby authorized to charge the required fees, any deficiency, or credit any overpayment, to Deposit Account Number *504662* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature: *Sessica Monachele*

Date: *11/21/10*

Typed or printed name: *Sessica Monachele/10*

Registration No. *58015*

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